Colorado State Patrol
1341 Sherman Street Denver, CO 80203
Phone: (303) 866-3660 Fax: (303) 866-2427

APPLICATION FOR BACKGROUND CHECK

A background check is mandatory for contractors/vendors. If a background check is requested, please provide the phone number of the director or immediate supervisor requesting the access code.

Applicant Name:_____ Last 4 Numbers of SSN:_____

DOB:_____/_____/_____ Sex:_____ Height:_____ Weight:_____ Hair:_____ Eyes:_____

Department:_____ Division:_____

Work Address:_____ Room Number:_____

Work Phone: (_____)_____ Emergency Contact Phone: (_____)_____

Applicant Driver's License information: State_____ Drivers License #_____

Company Name:_____ Company Phone: (_____)_____

Company Supervisor Name:_____ Supervisor's Phone: (_____)_____

I hereby authorize the Colorado State Patrol (hereinafter referred to as "CSP") to conduct a standard criminal history check on me. This standard history check is designed to reveal if I have ever been subject to a criminal conviction, in which case a more complete criminal background investigation may be conducted on me.

This release is executed with full knowledge and understanding that this criminal history information is for the official use of the CSP only. Consent is granted to the CSP to furnish such information to the supervisor requesting said history in connection with my application for employment. Such information will be treated confidentially by the CSP, the requesting supervisor, and their staff at all times except as may otherwise be required by law.

(State Patrol use only) **Passed Background Check** __Yes ___No   IBM: _____

Applicant Signature _____ Date:_____

If application is also for a SECURITY ACCESS CODE, please fill out the following section:

Building(s) Requested: ☐ALL BLDGS   ☐TUNNELS   ☐ALL BLDGS & TUNNELS ☐CAPITOL HOUSE OFFICES

☐CAPITOL   ☐CAPITOL ATTIC   ☐ ROTUNDA TUNNEL DOOR   ☐ CAPITOL EXTERIOR TUNNEL DOOR

☐ANNEX   ☐ANNEX – SUBBASEMENT ☐PIERCE   ☐POWER PLANT ☐CENTENNIAL   ☐HUMAN SERVICES

☐LSB   ☐STATE SERVICES   ☐STATE OFFICE BUILDING   ☐1570 GRANT   ☐WELLNESS CENTER

NORTH CAMPUS: ☐West   ☐East ☐North

☐700 KIPLING   ☐690 KIPLING   ☐ 690 STAIR/ELEV FLR 1-4   ☐ 690 STAIR/ELEV FLR 1-3   ☐ 690 STAIR/ELEV 2ND FLR

The following information will be used in case the applicant requests information about the access code:
Mother's Maiden Name:_____   Unique Password:_____

I understand that the access code to be issued to me will be my private access code. I accept full responsibility for its use and will not share, assign, or divulge my code to any other person. I understand that if I abuse my code in any way, my code will be revoked for an undetermined amount of time.

Applicant Signature_____

_____   _____   Phone: (_____)_____
Supervisor/Authorized Individual (PRINT)   Supervisor/Authorized Individual / Signature

---

OFFICE USE ONLY

ACCESS CODE:_____   IBM:_____   DATE:_____